



Image

Express Mail No. EV 335 860 136 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: Yguerabide *et al.*

Confirmation No. 5342

Application No.: 09/932,128

Group Art Unit: 1641 ✓

Filed: August 16, 2001

Examiner: YANG, NELSON C.

For: Analyte Assay Using Particulate Labels Attorney Docket No.: 11032-021

**AMENDMENT UNDER 37 C.F.R. 1.115 AND PROVISIONAL
ELECTION UNDER 37 C.F.R. § 1.143 WITH TRAVERSE**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

S I R :

In response to the outstanding Office Action dated October 3, 2003 in connection with the above-identified patent application and in accordance with Rule 115 of the Rules of Practice, please enter the following amendments and consider the following remarks. Applicants submit herewith: 1) a Petition for Extension of Time (in duplicate) Under 37 CFR § 1.136(a) for the period of five (5) months from November 3, 2003 up to and including Saturday, April 3, 2004, accompanied by the appropriate fee; 2) an Amendment Fee Transmittal (in duplicate), accompanied by the appropriate fee; and 3) an Information Disclosure Statement Under 37 C.F.R. § 1.56 and List of References Cited By Applicant.

Please amend the above-identified application as follows:

Amendments to the Specification begins on page 2 of this paper.

Amendments to the Claims begins on page 4 of this paper.

Remarks begin on page 13 of this paper.

04/08/2004 WABDELRI 00000037 503013 09932128

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FEE TRANSMITTAL SHEET

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The fee required to be filed with the accompanying amendment of even date herewith concerning the above-identified application has been estimated to be \$145.00.

The claim amendment fee has been estimated as shown below:

(Col. 1)			(Col. 2)		(Col. 3)		<input checked="" type="checkbox"/> SMALL ENTITY		<input type="checkbox"/> OTHER THAN A SMALL ENTITY			
CLAIMS REMAINING AFTER AMENDMENT			HIGHEST NO. PREVIOUSLY PAID		PRESENT EXTRA		RATE		ADDIT. FEE			
							OR					
TOTAL	73	MINUS	117	0	x 9	\$	0.00	x 18	\$			
INDEP.	2	MINUS	7	0	x 43	\$	0.00	x 86	\$			
<input checked="" type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM							\$	145.00		\$		
							TOTAL	\$	145.00	OR	TOTAL	\$

Please charge the required fee to Jones Day Deposit Account No. 503013. A copy of this sheet is enclosed.

Respectfully submitted,

Date: April 5, 2004

Laura A. Coruzzi 30,742
Laura A. Coruzzi (Reg. No.)

By: T. Christopher Tsang 40,258
T. Christopher Tsang (Reg. No.)
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Enclosure